



KWUN TONG MARYKNOLL COLLEGE

觀塘瑪利諾書院

APPLICATION FORM FOR **SECONDARY *TWO/THREE/FOUR** PLACES (for Academic Year 2024-2025)

(Please circle as appropriate.)

Part A: Applicant's Particulars			
Name of Applicant	English	Chinese	(Photo)
Date & Place of Birth	Religion*	Parish (for Catholic)	
<i>* For Catholics, please submit a copy of Certificate of Baptism.</i>			
Address			
Current School			
Part B: Parent's / Guardian's Particulars			
	Father	Mother	Others (if applicable)
Name in Chinese			
Name in English			
Mobile Phone No.			
Occupation			
Religion			
Relationship with Applicant			
Part C: Parents/brothers who have studied/are studying in our school			
Name	Relationship	Class attending	Form and Year of Graduation
Part D: Electives you wish to study <i>(For students applying for Secondary Four places only)</i>			
1 st Choice:	2 nd Choice:	3 rd Choice:	

Please state your academic achievements, services, involvement in extra-curricular activities and the awards you have received in the tables below. (Original documents must be produced upon request at the interview.)

I. Education (Primary and secondary, in reversed chronological order – most recent first)

Name of School	Year attended	Last class attended
	–	
	–	

II. Academic Performance and Conduct (in reversed chronological order – most recent first)

Form (half-yearly/final)	Conduct grade	Class Position (if any)	Form Position (if any)	Average mark / Grade
		/	/	
		/	/	
		/	/	
		/	/	

III. Scholarships or Academic Awards (in reversed chronological order – most recent first)

Name of Scholarships or Academic Awards	Year attained
	–
	–
	–

IV. Services (in reversed chronological order – most recent first)

Title of Services (e.g. Monitor, Prefect, Librarian, Community Services, etc.)	Year
	–
	–
	–
	–

V. Extra-curricular Activities (in reversed chronological order – most recent first)

Types of activities		Awards received / Level of achievement	Year
Sports			
Music			
Art			
STEM			
Others (Please specify)			

VI. Declaration

Note:

The information contained in this form is for the purpose of applying for admission to Secondary Two/Three/Four in this school only. None of this information will be disclosed without your consent. Upon completion of the admission procedure, the information will be destroyed. The information provided must be accurate and complete, otherwise applications will be delayed or refused.

I confirm that the information provided in this form is accurate and correct.

Parent's / Guardian's Signature:

Parent's / Guardian's Name:

Date:

To facilitate notification if your son's application is successful, please fill in the contact person's name and mobile phone number.

Contact Person's Name:

Contact Person's Mobile Phone No.:

Remarks: Please enclose copies of assessment reports of the recent 2 years.

Remarks (For school use)

Copies of Assessment Reports of the recent 2 years	
Certificate of Baptism	

Contact Person's Correspondence Address

Name: _____

Address:

Name: _____

Address:
